

NEWTOWN PARKS & RECREATION DAY CAMP REGISTRATION FORM

Town Hall South, 3 Main Street
Newtown, CT 06470

FAMILY LAST NAME _____

Father's Name _____ Mother's Name _____

ADDRESS: Street _____

City _____ State _____ Zip _____

PHONE: Home _____ Father's Work _____ Mother's Work _____

Father's Cell _____ Mother's Cell _____

Email Address _____

Emergency Name & Phone Number _____

Program Code#	Participants Name	Age	Gr	Sex	Date of Birth	Program Title	Program Fee
						PARK GIFT FUND	
MAKE CHECKS PAYABLE TO NEWTOWN PARKS AND RECREATION						TOTAL	

List any specific health problems, allergies or medications _____

Comments _____

Refunds will not be given once a program starts. ALL Refunds subject to \$25 per person administrative surcharge.

WAIVER OF TOWN LIABILITY

I, undersigned, assume all risks and hazards incidental to such participation in the above mentioned Newtown Parks & Recreation Department activity; and I hereby, waive, release, absolve indemnity, and agree to hold harmless the Newtown Parks and Recreation Department and the program instructors, organizers, sponsors, etc. for any claim arising out of injury to myself/child. Participation is at my/my child's own risk. There is no medical coverage.

I have read and agree to comply with camp policies as stated.

Parent/Guardian/Self Signature _____ Date _____